

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2381

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
<i>Encl # 4</i>
<i>DPD-1226-57</i>
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$9,023.	68

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$9,023.68

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Date 2-2-59 _____
(Sign original only)

not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for \$9,023.68

(Signature or initials) *EL*

Contract No. 4-701 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____ (Authorized Certifying Officer)

By _____ Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of _____)
Cash, \$ _____, on _____, 19____, Payee _____ (payee named above.)
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must be given. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

WEEKLY DET DISTR DATE

65/81/T

[illegible]

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ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

1/18/59

FORM STL - 660

BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Eligible for Discount	Eligible for Interest	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
No.	Mo.	Day				Yr.	Mo.						Day	Maj.	Int.	Sub.	Account	M.J.O.	
22	01	13	9	66942E	46326		01	14	250		1	50	25	00	00	12501	3032	26	3450
29	01	14	9	7915	2853		01	16	429		1	50	25	00	00	12501	3032	26	1300
42	01	16	9	21277	46143		01	27	162		1	50	25	00	00	12501	3032	26	14000
																			18750*
																			2 18750**

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1/18/59

FORM STL - 660

BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	CLASS OF EXPENSE	COST CENTER	CHARGE DISTRIBUTION				NET AMOUNT	
No.	Mo.	Day Yr.				Mo.	Day						Maj.	Int.	Sub.	Account		M.J.O.
36	01	15 9	TM080	45086		01	16	406										2100
																		2100*
																		2100**

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ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

1/18/59

FORM STL - 660

BATCH			INVOICE		PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Sub. Element	Maj.	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER			Mo.	Day						Int.	Sub.	Account	M.J.O.	S.O.	Work Order	
18	01	12	9	15676	2911		01	14	2506			1	50	25	00	00	12501	5044	02	35010
26	01	13	9	8633P	2203		01	15	127			1	50	25	00	00	12501	5044	02	4650
28	01	14	9	67522	2966		01	16	99			1	50	25	00	00	12501	5044	02	8310
35	01	15	9	2264	2939		01	19	136			1	50	25	00	00	12501	5044	02	77520
41	01	16	9	97580	997		01	20	264			1	50	25	00	00	12501	5044	02	5544
																				131034
																				131034
																				4 133134

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THE RAMO-WOOLDRIDGE CORPORATION

WEEKLY DET DISTR	DATE
	1/18/59

FORM STL - 660

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	CLASS X F-O	COST Element	FR CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day							Mai.	Int.	Sub.	Account	M.J.O.	S.O.	Work Order	
31	01	14	9	3551	43356		01	16	129				1	50	25	00	00	12501	5068	23		14148
																						14148*
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1/18/59

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